UNITED STATES OMB Number: 3235-0076 SECURITIES AND EXCHANGE COMMISSION Expires: November 30, 2001 Washington, D.C. 20549 Estimated average burden RECEIVED FORM D hours per response 16.00 SEC USE ONLY NOTICE OF SALE OF SECURITIES 2002 Prefix PURSUANT TO REGULATION D. Serial SECTION 4(6), AND/OR DATE RECEIVED NIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) Convertible Notes with Warrants Filing Under (Check box(es) that apply): ☐ Rule 504 Rule 505 X Rule 506 Section 4(6) □ ULOE Type of Filing: X New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) NameProtect Inc. Address of Executive Offices Teleprione i (Number and Street, City, State, Zip Code) 918 Deming Way, Madison, WI 53717 608-824-7000 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Trademark research, Internet monitoring, and brand security services and products PROCESSED Type of Business Organization other (please specify) JUN 2 5 2002 X corporation limited partnership, already formed business trust limited partnership, to be formed Month Year

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation:

Federal:

FORM D

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

X Actual

☐ Estimated

D

E

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



OMB Approval

0. D		BASIC IDENTIFICA	ATION DATA		
2. Enter the information requeste		_	41 4 6		
Each promoter of the issueEach beneficial owner has		_		of 10% or mor	a of a aloce of aquity
securities of the issuer;	iving the power to	vote of dispose, of direct	the vote of disposition	01, 10 /6 01 11101	e of a class of equity
 Each executive officer ar 	nd director of corp	orate issuers and of corpo	orate general and manag	ing partners of	partnership issuers; and
Each general and managi			<i>G</i>	,	
Check Box(es) that Apply:	Promoter	X Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full name (Last name first, if ind	ividual)				
Wiegand, Brian	- · - - · · · ·				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
918 Deming Way, Madi	•	Street, City, State, Zip Ci	ouc)		
		V D 6 - ! - 1 O	V.F	V Distantant	C14/
Check Box(es) that Apply:	Promoter	X Beneficial Owner	X Executive Officer	X Director	☐ General and/or Managing Partner
Full name (Last name first, if indi	iviđual)				<u> </u>
McGuire, Mark	,				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
918 Deming Way, Madi	•	, ,, , 1	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or
					Managing Partner
Full name (Last name first, if indi	ividual)				
Slayton, David					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
918 Deming Way, Madi	ison, WI 53717				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full name (Last name first, if indi	ividual)				
D'Souza, Trevor					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
770 North Water Street,	Milwaukee, WI 5	3202			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full name (Last name first, if indi	ividual)				
Gonsalves, Anthony	,				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
5400 South Park Terrac			,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full name (Last name first, if indi	ividual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full name (Last name first, if indi	ividual)			-	ivianagnig i aithei
Dusinoss on Desidence Address	(NII	Street City State 71 C	- do)		
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		

				B. IN	FORMA'	TION AB	OUT OFF	ERING				
											Υe	
1. Has t	he issuer s	old, or doe							ering?			X
					in Append			-				
					•	•					Ye	0,000 es No
3. Does	the offerin	ig permit jo	oint owners	ship of a si	ngle unit?							X
									ectly or ind			
									rities in the			1
									nd/or with ed persons			
			the inform					455500141	cu persons	01 54011 4 1	on on on	
Full Na	me (Last n	ame first, i	f individua	1)								
	`	. ,		,								
Busines	s or Reside	ence Addre	ess (Numbe	r and Stree	et, City, Sta	ate, Zip Co	de)		-			
									_			
Name o	f Associate	ed Broker o	or Dealer									
States in	Which Pe	erson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers		_			
(Check	"All States	" or check	individual	States)					••••		П аі	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]		[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ne (Last n	ame first, i	f individua	l)			-					
D :	D :1	4 1 1	21.1	1.0	. 01. 0.	7: 0						
Busines	s or Reside	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ite, Zip Co	de)					
Name o	f Associate	ed Broker o	or Dealer									
States in	Which Pe	erson Liste	d Has Solid	cited or Int	ends to So	licit Purcha	isers					
(Ch	eck "All S	tates" or c	heck indivi	dual States	.)							l States
		[AZ]	[AR]				[DE]	[DC]	[FL]	[GA]	🗀 🔨 [HI]	
[AL] [IL]	[AK] [IN]	[IA]	[KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			f individua		[]	<u> </u>	[,]	[]			([]
		,										
Busines	s or Reside	ence Addre	ess (Numbe	r and Stree	et, City, Sta	ite, Zip Co	de)					
Name o	f Associate	ed Broker o	or Dealer	. <u></u>								
States in	Which Pe	rson Liste	d Has Solid	ited or Int	ends to Sol	licit Purcha	sers					····
(Ch	eck "A11 C	tatee" or ol	neck indivi	dual States)							l States
•					•						_	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] [MS]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[HT]	[VT]	[VA]	[WA]	[UH] [WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPE	NSES AND USE OF PROCE	EDS
1. Enter the aggregate offering price of securities included in this offering and the already sold. Enter "0" if answer is "none" or "zero." If the transaction is an excheck this box ☐ and indicate in the columns below the amounts of the securities.	xchange offering,	ready exchanged. Amount Already
Type of Security	Offering Price	Sold
Debt (Convertible Notes)	•	\$ 800,000
Equity		\$
Common Preferred	Ψ	<u> </u>
Convertible Securities (including warrants)	\$ *	\$ *
*the Convertible Notes referenced above are convertible to Preferred Equ		
are being issued with Warrants	Φ Δ	Φ Δ
Partnership Interests	\$ <u> 0 </u>	_ \$0
Other (Specify)	\$0	\$0
Total	0 000 000	\$800,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchase offering and the aggregate dollar amounts of their purchases. For offerings und cate the number of persons who have purchased securities and the aggregate do purchases on the total lines. Enter "0" if answer is "none" or "zero."	ler Rule 504, indi-	Aggregata
,	Number	Aggregate Dollar Amount
	Investors	of Purchases
Accredited Investors	3	\$800,000
Non-accredited Investors	0	\$0
Total		\$ 800,000
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requires sold by the issuer, to date, in offerings of the types indicated, in the twelve to the first sale of securities in this offering. Classify securities by type listed in	(12) months prior	
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
•		\$
Rule 504		C
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distril securities in this offering. Exclude amounts relating solely to organization experimental the information may be given as subject to future contingencies. If the amount is not known, furnish an estimate and check the box to the left of the estimate.	nses of the issuer.	
Transfer Agent's Fees		\$
Printing and Engraving Costs		□ \$
Legal Fees		⊠ \$ <u>15,000.00</u>
Accounting Fees		□ \$
Engineering Fees		□ \$
Sales Commissions (specify finders' fees separately)		□ \$
Other Expenses (identify)		□ \$

\$ 15,000.00

C. OFFERING PRICE, NUMBER	OF INVESTOR	S. EXPENSES	AND USE OF	PROCEEDS	<u> </u>
b. Enter the difference between the aggregate offer tion 1 and total expenses furnished in response t "adjusted gross proceeds to the issuer."	ring price given in o Part C-Question	response to Part 4.a. This differe	C-Ques- ence is the	<u> </u>	\$
5. Indicate below the amount of the adjusted gross pro- used for each of the purposes shown. If the amoun estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth in	t for any purpose is te. The total of the	s not known, furr payments listed	nish an must equal		
wie augusteu groot providus to the roomer out total in		e Question visit	P. D	ayments to Officers, irectors, &	Payments To
Salaries and fees			v ¢	Affiliates 82,500	Others X \$ 256.250
			Y \$		X \$
Purchase of real estate			v ¢		
Purchase, rental or leasing and installation of	•	•	v ¢		
Construction or leasing of plant buildings and	I facilities				7. 4
Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities	s of another	X \$		X \$
Repayment of indebtedness					X \$
Working capital	Working capital				X \$
Other (specify): Sales, Marketing and Produc					X \$ <u>361,250</u>
			- . X \$.		X \$
Column Totals		•••••	. X \$	82,500	X \$ <u>717,500</u>
Total Payments Listed (column totals added)			•	X \$8	00,000.00
	FEDERAL SIG				-
The issuer has duly caused this notice to be signed by the following signature constitutes an undertaking by the issue its staff, the information furnished by the issuer to any normalized by	er to furnish to the U	J.S. Securities and	Exchange Con	ımission, upoı	
Issuer (Print or Type) NameProtect Inc.	Signature U	باك		Date 5/1	0/02
Name of Signer (Print or Type) Mark McGuire	Title of Signer (P Presiden	* * *			

____ ATTENTION _____

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes ∏	No □
See Appendix, Column 5, for state response.	_	_

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) NameProtect Inc.	Signature ()	12:	Date <	10/02
Name (Print or Type)	Title (Print or Type)			
Mark McGuire	President			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy of bear typed or printed signatures.

APPENDIX

1	- 2	2	3		5				
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Yes	No			
AL	103	710		HIVESTORS	Amount	Investors	Amount	103	110
AK									·
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY			to the control of the						
LA									
ME									
MD									
MA									
MI					-				
MN									
MS									
МО	:				:				

APPENDIX

1	Intend to non-actinvestors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Number of	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Vos	No
MT	168	NU		ilivestors	Amount _	investors	Amount	Yes	INO
NE				_					
NV									
NH									
NJ									
NM									
NY									!
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC								,	
SD									
TN									
TX									
UT							,		
VT			1						
VA							···		
WA									
wv									
WI		Х	Entire Offering	3	800,000	0	0		Х
WY									
PR									